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Bib Data Sheet

CONFIRMATION NO. 6099

<b>SERIAL NUMBER</b> 09/683,321	<b>FILING DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> RD-29447	
<b>APPLICANTS</b> Harvey Ellis Cline, Niskayuna, NY; Siegwalt Ludke, Scotia, NY; <i>CLL</i>					
<b>** CONTINUING DATA *****</b> <i>CLL</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>CLL</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/08/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>CLL</i> Acknowledged <i>CLL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 006147					
<b>TITLE</b> Method and system for segmentation of medical images					
<b>FILING FEE RECEIVED</b> 954	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		